

# Athena Healthcare (Fleetwood) Limited

## Lakelands Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lakelands Lodge is a purpose built care home with nursing providing personal and nursing care to up to 80 people. The service provides support to adults over and under 65 years of age, and people living with a dementia. At the time of our inspection there were 62 people using the service.

### People's experience of using this service and what we found

The provider had not always managed risk safely. Records related to people's care were not always of a good standard. The provider's systems to assess, monitor and improve the service had not identified and addressed the shortfalls we found during this inspection. The service had not engaged with people and those acting on their behalf.

The provider had systems to protect people from the risk of abuse. Staff training in safeguarding was low, but the provider was working to make improvements. Medicines were managed safely. Staffing levels were based on people's dependency levels. We received mixed feedback about staffing from people and their relatives. Staff were recruited safely. We were assured the provider operated good infection control practices. The service worked with other agencies to maintain and enhance people's wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 10 August 2021).

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to staffing and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakelands Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to risk management, records and quality assurance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lakelands Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Lakelands Lodge is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit to the home, we spoke with six people who used the service and two people's relatives. We spoke with two people's relatives by telephone following our visit. We also spoke with 14 staff, including the registered manager, nurses, carers and senior management.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed seven people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered manager had not consistently assessed and managed risks to people's health, safety and wellbeing. Staff were not always provided with up to date guidance on how to keep people safe. We found care plans and risk assessments did not always accurately reflect people's current needs.
- Risk related to people's behaviour were not always managed safely. During the inspection, we found people's care plans contained reference to behaviours which may challenge the service. However, there was no information available in the care plans to guide staff on how to achieve positive outcomes. Additionally, only four of the staff team had received any training in relation to behaviours which may challenge the service. These staff all worked during the day time, which meant there were no staff with this training on duty during the night.
- Risks related to falls were not always managed safely. We saw one person had fallen a number of times in recent months. Their written plan of care for falls did not contain any information about how staff should support them in relation to falls prevention.
- The registered manager was not able to evidence pressure area care had been delivered to people in line with their care plans. Repositioning had been recorded, but showed periods of time in excess of those stipulated in people's plans of care. They also showed people had been in the same position for extended periods of time. We discussed this with the registered manager and staff, who confirmed there had been no instances of pressure damage and people were repositioned regularly. This showed the issue was more around recording repositioning than people not receiving the care they needed.

The above matters demonstrated a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager and head of operations provided us with an updated care plan and updated staff training plan, which showed they had acted to address the issues identified during our inspection. This included additional training for staff on behaviours which may challenge the service.
- The provider ensured the environment and equipment were safe. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Feedback we received from people and their relatives did not raise any concerns about people's safety. Staff told us they felt people were safe.

- We found a low rate of completion of training related to safeguarding. We raised this with the provider during our inspection. They explained they had identified a low completion of face to face safeguarding training and had been exploring alternative methods such as workbooks and E-Learning. With the exception of two new staff, those we spoke with during the inspection knew how to respond to safeguarding concerns including reporting to external agencies if need be.
- Following our inspection visit, the registered manager provided updated training records which showed they had acted to improve completion of safeguarding training among the staff team. They also provided details of future training sessions to further improve staff training levels.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- We received mixed feedback about staffing levels. People we spoke with told us staff came if they used their call bell. However, they told us there was 'not much going on'. Relatives we spoke with told us they felt there were not enough staff on duty to ensure people's holistic needs were met. For example, to support people to engage in meaningful activities or to spend time in the garden or outside of the home. An additional concern raised by people's relatives and staff was that staff were continually moved between areas of the home, which affected their ability to provide continuity of care for people.
- The provider used a tool to help calculate staffing levels, based on people's needs. The tool took account of how much support people needed from staff. We saw the service was staffed above the level the tool showed was required. Senior managers told us this was to enable nurses and senior carers to complete tasks which were not directly caring for people, such as managing appointments and assessments, and reviewing care plans.
- Following our inspection, the registered manager implemented a more structured rota, keeping staff in one area of the home, where possible. They hoped this would help to improve continuity of care for people. They also informed us they had recruited two new staff to provide activities within the home.

We recommend the provider keeps staffing under review and seeks and considers feedback from people and their relatives about staffing levels on a regular basis.

- The registered manager followed safe recruitment practices and kept records, as required by law. Staff we spoke with confirmed the recruitment process remained the same as at the last inspection.

#### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed from staff who had been trained, and had their competence assessed, to administer them safely. We observed staff followed safe



practices when administering medicines.

- Instructions to guide staff on the use of 'as and when required' medicines, and those where a variable dose was prescribed, lacked person-centred information. We raised this with the registered manager during the inspection. They acted immediately to make improvements. They shared examples of guidance with us following the inspection which showed the quality of the information to guide staff had improved.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits, in line with government guidance.

#### Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider used a range of systems to assess, monitor and improve the quality of the service. However, we found these had not been operated effectively to identify and address the shortfalls we found during this inspection. For example, in relation to staff training, management of risk and quality of records, referred to in the safe section of this report and below.
- The service had not routinely engaged with people who used the service and others acting on their behalf. There had been no resident or relative meetings and the registered manager was not able to demonstrate how people and their relatives had been involved in care planning. Following our inspection, we received information from the registered manager which showed they had scheduled meetings for residents and relatives to engage with them.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care planning was not always person-centred. We found care plans sometimes lacked information to guide staff on how to achieve positive outcomes. The provider's quality assurance systems had identified the level of person-centred information as an area for improvement through provider visits in March and May 2022. However, they had not been effective in addressing the shortfalls by the time of our inspection.
- Feedback we received from people and their relatives was positive about the staff team and their approach. Staff spoke of good teamwork and told us they wanted to do their best to make a difference for people. We observed many kind and caring interactions between staff and people they were supporting.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured they had consistently assessed risks to the health and safety of service users and done all that was reasonably practicable to mitigate those risks. The provider had not ensured persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. 12(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's systems to assess, monitor and improve the service had not been operated effectively. The provider had not sought and acted upon feedback from relevant persons. The provider had not maintained accurate, complete and contemporaneous records in relation to each service user and the care and treatment provided to them. 17(1)(2)(a)(c)(e)